

## **APPLICATION INSTRUCTIONS FOR AN ADMINISTRATOR-IN-TRAINING (AIT) PROGRAM**

An applicant who is applying for approval of an Administrator-In-Training Program must meet all of the following requirements. The applicant must:

1. Be at least 18 years of age.
2. Possess an associates, baccalaureate or graduate degree or hold a current Delaware RN license.

### **Getting Approved as an Administrator-In-Training in an AIT Program**

1. Submit completed and notarized application for AIT form to the Board's office. Applications may be obtained from the Board's website at [www.dpr.delaware.gov](http://www.dpr.delaware.gov)
2. The applicant must attach a response to *Section 4: Occupational Background* and *Section 5: Administrative Background* of the application form.
3. The applicant must arrange for official college transcripts to be **mailed directly to the Board office from the educational institution.**
4. The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

5. **The applicant must have preceptor(s) and AIT outline(s) approved by the Board before the AIT program may begin.** These requests for approval may be submitted with the Application for AIT Approval, or these requests may be submitted subsequent to the Board's approval of the applicant for an AIT program. However, the AIT program may not begin until the Board has approved the preceptor and outline.

### **Getting a Preceptor Approved**

The individual seeking to become a preceptor must submit a letter to the Board requesting approval. The letter must include the following:

1. Must be submitted on letterhead of the facility/organization.
2. Request approval to serve as preceptor of the specific AIT applicant.
3. Indicate whether the preceptor will be serving as an Assisted Living (AL) or a Skilled Nursing Facility (SNF) preceptor or both.
4. Indicate in which facility the training will be performed.
5. Indicate the preceptor's Delaware Nursing Home Administrator license number.

### **Getting an AIT Program Outline Approved**

1. The preceptor and/or Administrator-In-Training must submit an outline setting forth the training to be covered in the AIT program. See Addendum A to the Rules and Regulations. However, the Board will not accept a photocopy of this Addendum A as a substitute for submission of an outline.
2. The outline submitted must state whether it is for the AL or SNF portion of the program or for both portions.
3. The outline should be broken down week by week. (Example: Week 1, Week 2, Week 3). Do not include dates on the outline submitted for Board approval because the AIT program may not begin until the Board approves the outline(s) and preceptor(s).

Revised: 8/30/06



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

**STATE OF DELAWARE  
BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS**

**APPLICATION FOR APPROVAL OF  
ADMINISTRATOR-IN-TRAINING (AIT) PROGRAM**

**Section 1. Basic Information**

NAME: \_\_\_\_\_  
(Title-Optional) (First Name) (Middle Name) (Last Name)

Home Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work

E-mail Address: \_\_\_\_\_

Social Security # \_\_\_\_\_

Are you at least 18 years of age as required by 24 Del. C. §5205? Yes \_\_\_\_ No \_\_\_\_

**Section 2. Educational Background**

Courses of study taken and degrees granted must be verified. Please instruct those institutions attended to submit official transcripts directly to the Board office.

College	Location	Dates Attended	Degree(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you taken the NAB exam? Yes \_\_\_\_ No \_\_\_\_

**If yes, please have the examination service mail an official copy of your exam scores directly to the board office.**

### **Section 3. General Background**

Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, submit a certified copy of your criminal history record.**

Are you now or have you within the past two (2) years been dependent upon the use of alcohol, stimulants or other habit-forming drugs or treated or disciplined for their use?

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, explain circumstances and outcome on a separate page.**

Have you ever had a nursing home administrator's license denied, revoked, suspended or been under probation? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, explain circumstances and outcome on a separate page.**

Have you ever had a disciplinary action taken against you by a State Board of Nursing Home Administrators? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, explain circumstances on a separate page.**

Are any charges pending or are you under investigation regarding a felony, or unprofessional conduct? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, explain circumstances on a separate page.**

Do you currently hold or have you ever held a Nursing Home Administrators license issued by another jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, please list each jurisdiction or state.**

\_\_\_\_\_

Do you currently hold, or have you ever held, a RN license in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please list each state of licensure.** \_\_\_\_\_

**Please have each state submit a verification of licensure directly to the board office.**

### **Section 4. Occupational Background**

On a separate page, list all post-degree positions you have held, starting with your current position. All time must be accounted for. If you have been involved in an academic residency or internship, or in an approved AIT program, include the following information:

Dates of Employment

Title of Position

Name and address of Employer or Organization

Telephone Number

## **Section 5. Administrative Experience**

On a separate page, list and explain all past administrative experience which meets the following criteria:

1. The experience must have been acquired in a residential facility providing protective, preventive, and personal care services performed by qualified personnel. Personal care refers to the general supervision of and direct assistance to individuals in their activities of daily living.
2. Such administrative experience shall include:
  - (a) The administration of services to more than one person.
  - (b) Administrative services which have as a major component the supervision of more than one profession or discipline.
  - (c) An administrative position in which the individual has assumed direct responsibility for and is held accountable for his own acts.
3. Describe your duties and responsibilities for the periods of time when you have supervised more than one profession or discipline. Include the dates and number of hours as well as the kinds of employees. Also, list the dates and hours for which you have served as Acting Administrator in the absence of the duly appointed administrator.

**The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment.**

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.**

**Please note: When your application is complete, please allow 8 – 10 weeks to receive your license.**

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Application for AIT Program Approval  
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Affidavit;

State of \_\_\_\_\_)  
 \_\_\_\_\_) SS  
 County or City of \_\_\_\_\_)

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed and signed this application, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory reporting of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

_____ Signature of Applicant	_____ DATE
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Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Please submit application to:

DE Board of Examiners of Nursing Home Administrators  
861 Silver Lake Blvd., Suite 203  
Dover, DE 19904

Revised: 6/27/05